



## Leave the local dives to locals

Story and graphic by Lance Cpl. Drew Hendricks  
MNC-I PAO

During the 6<sup>th</sup> Century B.C., Assyrians poisoned the wells of their enemies with a fungus that caused dementia. In the middle ages human fecal matter was catapulted over the walls of a besieged city in order to cause mass infection. Nowadays warfare is fought in much different ways, but the damage caused by infections and diseases is just as devastating as ever.

Not all manner of disease can be stopped however, in some instances it can be prevented by following simple rules and guidelines. The biggest danger of disease, aside from all out chemical and biological warfare, is through contaminated foods and liquids.

To limit this threat certain food establishments have been approved or disapproved for use by U.S. servicemembers and civilians.

This is necessary in order to limit the chances of serious diseases that can make servicemembers combat ineffective and hinder the overall mission.

"It is a Department of Defense policy that no one is to eat at an unapproved establishment," said Maj. Hugh Bailey, preventive medicine officer, here. "Commanders can allow unapproved establishments on base and allow personnel to eat at them. However it must be clearly posted that the facility does not meet hygienic standards."

The only approved eating establishments are controlled by the Army & Air Force Exchange Service food vendors or the military dining facilities. These facilities are checked on a regular basis by preventive



medicine personnel to ensure adequate hygiene standards are continually met.

"The risk for foodborne illness in Iraq is high for those who eat from unapproved food sources, similar to that in many developing nations where sanitary conditions are inadequate," said Col. James E. Cook, preventive medicine officer, here. "I want to emphasize that food provided through approved military channels at the DFAC or AAFES food establishments are very safe. I feel very comfortable myself eating in these facilities every day."

According to Cook and Bailey, no country has the exact same health risks. As such the risks are assessed on a country by country basis.

"Each location has its own individual risks," said Bailey. "Everything plays a

factor."

There are two main factors when it comes to approving an establishment. First the food has to come from an approved source.

"In Kirkuk there was a group of Turks who had a pizza stand on base. The facility was (very) nice and it met hygienic standards," said Bailey. "There was one small problem however. Their food came from Turkey which is not an approved food source, so we could not approve the restaurant."

The Army's veterinary detachments are the ones who decide whether or not certain places are adequate food sources. If the food source is not approved, any restaurant that uses food stuffs from that location will not be approved by preventive medicine.

The second factor involves the restaurant itself.

"Each facility goes through periodic inspections to make sure they continue to meet proper standards," said Bailey. "Every approved establishment here meets the same requirements as restaurants back in the states."

Health risks are nothing to take lightly that is why facilities are checked and rechecked for quality.

"When it comes to unapproved establishments it is more or less an eat at your own risk situation," said Bailey.

Though there are not many of these facilities here, there is always a risk when eating at them.

"It falls on the soldiers to use their own discretion and common sense, if they eat at one of these places," said Bailey.

According to preventive medicine, see FOOD, page 4

### In today's Victory Times:

Page 2: Chaplain's  
Corner  
Three day  
weather forecast

Page 3: 47th Combat  
Support  
Hospital saves  
lives

Page 4: Around Iraq

Page 4: Camp  
Victory op-  
erating hours

## Chaplain's Corner

**Do You Have a Heart Condition?**  
**Chaplain**  
**(Maj.) Charles**  
**Herring**  
**Religious**  
**Support**  
**Officer**



Every morning I have a little pill I take for my heart. This morning as I swallowed my medication I thought about my spiritual heart – what was its condition, was I taking care of it properly, was it truly healthy, did it need some spiritual medication? That little exercise challenged me into seeking a spiritual diagnosis from my Bible.

From the story of the sower and the seeds from Luke 8:15-18, I particularly read, “But the ones that fell on the good ground are those who,

having heard the word with a noble and good heart, keep it and bear fruit with patience.” Looking primarily at the part of the Scripture that dealt with the “noble and good heart”, I made some important discoveries.

Anytime during my active MNC-I day, the health and receptiveness of my heart determines my response to God's Word – today it is Luke 8:15. If my heart has “hardening of the arteries” (like the trampled ground) I am unable to accept any healing message from God. Even though I hear the words my heart will remain hardened. If my heart has a “blockage” (like the shallow soil), I will accept God's Word in my mind, but not all the good blood gets through the blockage. If my heart is spiritually healthy (like the good soil), it will receive God's Word, apply it and grow stronger and healthier in due time. This is the

healthy heart that God desires in us. The diagnosis is a spiritually healthy heart.

When we read our Bibles, pray or worship, the way we respond is dependent on how spiritual healthy our heart beats. How do I develop a healthy spiritual heart? For me, meditating on Scripture until it enters deep into my heart is one way to develop and exercise a healthy spiritual heart. Next, I try to apply the Scripture in my daily activities. I also seek to devote time to my relationship with God instead of devoting all my energy to worldly concerns.

The condition of my heart will vary, depending on how I take care of it – eating a healthy diet, participating in a healthy cardiovascular exercise program and taking my medication. The condition of my spiritual heart depends upon daily “medication” of God's Word.

Do you have a heart condition?

## Camp Victory Three-day forecast

### Sunday



Partly Cloudy  
 High: 62 F  
 Low: 41 F

### Monday



Partly Cloudy  
 High: 65 F  
 Low: 45 F

### Tuesday



Showers  
 High: 63 F  
 Low: 47 F



**BEWARE!**

**AVOID BEING A VICTIM OF A  
SEXUAL ASSAULT**

- **DON'T WALK ALONE**, even to the showers! Use a trusted Battle Buddy.
- Carry a flashlight.
- **Don't take short cuts** through Deserted or Dark Areas.
- The use of alcohol and drugs are not authorized; don't let it be an excuse.
- If Someone approaches You and you feel threatened, **SHOUT for HELP** and Immediately Report it to **MILITARY POLICE**, 24 / 7, at DSN: 822-4790 IRAQNA: 0790-193-2481 or CID.

**MAXIMUM PUNISHMENT FOR RAPE  
 RANGES FROM LIFE IMPRISONMENT TO  
 DEATH.**



- The goal is to have 10 monthly tournaments. Then, take the top finishers in these tournaments and have a championship game sometime in December before we redeploy.
- The winner of each monthly tournament will receive a custom T-shirt.

**CONTACT INFORMATION:** For information or to sign up for February's tournament call or email:  
 SGT Joseph Mahoney  
 DSN: 822-2065  
[joseph.mahoney@iraq.cerfcom.mil](mailto:joseph.mahoney@iraq.cerfcom.mil) (on Global)



**TIME:** 8 p.m.

**PLACE:** MWR BLDG 124

**TOURNAMENT DATES:**  
 last Monday of every month

**CHAMPIONSHIP - TBD**



**WARNING!**



**STOP MEANS STOP!**

**OBEY THE TRAFFIC  
 SIGNS !!**

**The life you save may be your  
 own. GO Home Alive!**

# Combat hospital works hard to save lives

Story and photos by Sgt. Joe M. Battle

MNC-I PAO

Rain pours over Forward Operating Base Diamondback, in northern Iraq, as Capt. Rikkina G. Pulliam prepares for the one thing she has been training for her entire career.

Pulliam is the head nurse for the emergency medical treatment team, 47<sup>th</sup> Combat Support Hospital, FOB Diamondback and is one of the first people injured servicemembers meet. Her job is to save their life.

As vehicles pull up to the trauma entrance, patients are carefully unloaded and separated into different sections of the hospital according to the severity of their injuries, said Pulliam.

Patients requiring immediate attention are brought from the vehicles straight into the emergency room, said Sgt. Barbara L. Randall, emergency room medic, 47<sup>th</sup> CSH. "From there, we take over their care."

The first thing that happens is a phone call is placed to the E.R., telling the nurses that the patient is on his way, said Randall. "Once this happens, we start preparing our trauma bays for the patient."

"The phone call sometimes fails to describe the severity of the patient's injuries so we prepare everything we have just in case it is needed," she added.

Once the patient arrives at the CSH, the staff immediately begins initial assessment of the patient's injuries, Randall said.

"The first thing we check are the ABCs," she said. "We check the airway for proper breathing, then we check for bleeding and finally, we check the patient's circulation to make sure they have proper blood flow."

After the initial assessment, medics connect the patient to

monitors to see if the machine can find any further problems that previous checks had not noticed on the first assessment, Randall said.

"If we find something, we try and fix it on the spot."

With all that can happen when a patient comes into the E.R., things can get a little confusing at times, that is where the head nurse comes in, she said.

"As the head nurse, I am ultimately responsible for all nurses and medics in the E.R.," said Pulliam.

"My main role is to be the traffic coordinator for when patients start to arrive," she said.

"After their arrival, I place them in the proper trauma bays, depending on the severity of their injuries," she added.

Once the patients are placed and the medics begin treatment, the head nurse helps where ever she can whether it is getting supplies or starting intravenous injections.

"We can do everything here in the E.R.," said Randall. "If a patient needs an x-ray, the techs can bring in a portable x-ray machine and do it on the spot without having to move the patient any more than necessary."

When the CSH get patients, it is really interesting to see how fast they are brought in, assessed of their injuries and treatment began, said Randall. "I mean, when it happens, it is really amazing to see how fast it happens."

After the medics and nurses have done the initial treatment, the patients are then moved into other sections of the CSH, depending on

their type of injuries, she added.

"Whenever a patient comes in, every person here knows exactly what to do and how to do it," said Pulliam. "The staff here is so knowledgeable about what they are doing; I really don't get a chance to direct them much."

"Our E.R. staff is ready to handle traumas of any kind," Pulliam added. "They really are a smart bunch."



**Lt. Col. David Misner, chief, emergency medical treatment team, 47th Combat Support Hospital, Mosul, inserts stitches into the finger of an Iraqi civilian contractor Feb. 15. The 47th CSH treats various patients from Coalition service members wounded in battle to civilian contractors who hurt themselves working on Forward Operating Base Diamondback.**

**MNC-I**  
presents  
*Builder's of Communities and Dreams*  
sponsored by  
22D SIGNAL BRIGADE  
(TASK FORCE ADGER)

When: Friday, March 10, 2006  
6 - 7:30 p.m.  
Where: Al Faw Palace  
Ballroom  
Camp Victory, Iraq

Free Food  
Educational,  
Entertaining, Teambuilding  
and Memorable

*Women's History Month*

**Is container management a pain in your neck?**

**One call, that's all!**

**We can help ease your pain.**



We make house calls!

Container management made easy by utilizing the Container Management Support Tool (CMST). An easy to use web based program designed to ease your container management troubles. Contact us to coordinate training. Just give us a call, we're here to help!

Lt. Col. Kennington  
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318-822-5419

Master Sgt. Johnson  
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318-822-5317



## FOOD

there are a few tips that can limit risk when eating at an unapproved restaurant.

Limit beverage choices to canned and carbonated drinks. If those are not available drink highly acidic juices, such as orange juice. Do not drink out of glass bottles. These can be refilled and recapped. If possible avoid the risk all together and drink any beverages you might have brought in.

Food can be slightly more difficult. One safe choice would be soup, if it is boiled at high temperatures and served hot. Beef is the preferred meat because it has a lower risk for bacteria. Chicken has the potential to be the most dangerous meat due to the high risk of improper cooking.

"There is also a possibility that improperly cooked chicken could spread the H5N1 Virus, Avian Flu," said Bailey. To the best of your ability make sure the food is prepared in a hygienic manner.

"Additionally, soldiers should avoid any unapproved food sources in which foods are either uncooked, like fresh fruits

and vegetables, or handled after cooking sandwiches, pastries," said Cook.

According to Bailey and Cook, the best way to prevent sickness and disease caused by food, is also the easiest. Soldiers need to take responsibility for their own health, and to eat and drink only from approved military food and water sources.

The dangers of eating at unapproved eating establishments far outweigh the good.

"The risks associated with unapproved food and water range from viruses like Norovirus and Hepatitis A virus, to bacteria like Salmonella, Shigella, Typhoid, and E. Coli," said Cook. "Similar too many developing nations, the risk here is highest for bacterial infections, which can cause gastrointestinal disease."

Parasites like Entamoeba Histolytica cause massive intestinal distress. Cramps, headaches and explosive diarrhea are a few of the problems brought on by this parasite.

According to a release from the 47<sup>th</sup> Combat Support Hospital in Mosul, a civilian worker became extremely ill after eating at a restaurant in Harbor Gate. The

facility is considered a popular attraction where many personnel have eaten. She was treated at the medical facility for all the symptoms brought on by Entamoeba Histolytica.

At present the command has reinforced the regulation regarding eating from only approved food sources. Any servicemember who has the symptoms of food poisoning should report to sick call.

According to Cook, preventive medicine units have been active throughout the theater routinely inspecting approved food establishments.

"In fact, the low rate of infectious diarrhea is a testament to the great work being completed by our food service personnel and preventive medicine teams," said Cook. "In the case of the base in Mosul where the Ameobic Meningitis occurred, this was a rare event in which a soldier likely acquired the infection from an unapproved food source."

When all variables are added together both Bailey and Cook agree it is the responsibility of all servicemembers to protect themselves from food borne disease by using their common sense.

## Purple Heart awarded



U.S. Army photo by Sgt. Kristopher Joseph

Master Sgt. Ricky D. Peck, Counter-Rocket, Artillery and Mortar subject matter expert, Multinational Corps-Iraq, receives the Purple Heart from Lt. Gen. Peter Chiarelli, MNC-I Commander, in the Al Faw Palace, Camp Victory, Feb. 17. Peck was assisting two Marines emplacing a Light-weight Counter Mortar Radar at Observation Post # 4 near Al Karmah, Iraq, when an anti-Iraqi forces sniper fired 3-4 shots at his team with one round passing through both his thighs.

## Around Iraq

### Terrorists mortars kill four civilians, wounds one

Multi-National Division – Baghdad

BAGHDAD — Soldiers from 1st Brigade, 6th Iraqi Army Division, reported an unknown number of enemy mortars hit homes in the Al Mansour district of Baghdad at approximately 8:35 p.m. Thursday, killing four civilians and wounding one. The incident is currently under investigation.

### Explosion near Baghdad targeting Iraqi civilians kills 2, wounds 11

CAMP LIBERTY, Iraq – A roadside bomb killed two Iraqi civilians and injured 10 others when it detonated in the ah-Shula area of Baghdad at approximately 10 a.m. today.

According to witnesses, the bomb was placed near a propane gas distribution truck in order to maximize the destruction of the attack.

There were no Coalition Forces, Iraqi police or Iraqi army personnel in the area of the blast. Soldiers from 1st Squadron, 71st Cavalry Regiment, and 2nd Battalion, 22nd Infantry Regiment, both units of 1st Brigade Combat Team, 10th Mountain Division, responded to the scene to provide medical aid and cordon the area.

The incident is under investigation by Iraqi authorities.

## Operating hours

### Coalition Cafe

Breakfast 5:30 - 8:30 a.m.  
Lunch 11:30 a.m. - 2 p.m.  
Dinner 5:30 - 8 p.m.  
Midnight Dining 11 p.m. - 1 a.m.

### Sports Oasis

Breakfast 5:30 - 8:30 a.m.  
Lunch 11:30 a.m. - 2 p.m.  
Dinner 5:30 - 9 p.m.

### Shoppette

Open 24 Hours

### Camp Liberty Post Exchange

Everyday 8 a.m. - 10 p.m.

### Fitness Center

Open 24 Hours

### Chapel (Bldg. 31)

#### Sunday:

Protestant Service 7 and 8:45 a.m.  
Catholic Mass 10:30 a.m.  
Gospel Service Noon  
Mormon (LDS) 2 p.m.  
Episcopal 4 p.m.  
Full Life Service 6 p.m.

#### Saturday:

7th Day Adventist 11 a.m.  
Catholic Mass 8 p.m.  
Mini-Chapel (Bldg. 2)

#### Friday:

Jewish Service 6:30 p.m.  
Eastern Orthodox services:

#### Saturday:

Vespers 5 p.m.  
Confession 5:30 p.m.  
Bible Study 7 p.m.

#### Sunday:

Divine Liturgy 9 a.m.

#### Post Office

Monday - Friday 9 a.m. - 5 p.m.  
Saturday - 9 a.m. - 4 p.m.  
Sunday 1 - 5 p.m.

### Golby Troop Medical Clinic

#### Sick Call Hours:

Monday - Friday 7:30 a.m. - noon  
Saturday & Sunday 9 a.m. - noon

#### Dental Sick Call:

Monday - Friday 7:30 - 10:30 a.m.  
Saturday 9 - 10:30 a.m.

#### Mental Health Clinic:

Monday - Friday 8 a.m. - 4:30 p.m.  
Saturday 9 a.m. - noon

#### Post Deployment Health Briefings:

Monday - Friday 1 p.m.

#### Pharmacy:

Monday - Friday 7:30 a.m. - noon  
Saturday & Sunday 9 a.m. - noon

# BLACK HISTORY MONTH

## 10K FUN RUN/WALK




**MWR AREA 51**  
Feb. 19 2006  
Show Time 6:30 am  
Start Time 7:00 am

**Free "T" shirt for the first 200 to complete the run**  
Sponsored by PROUDARMYPARENTS  
Hosted by Sgt. 1<sup>ST</sup> Class Rumph 822-5115  
Task Force 30<sup>th</sup> Medical Brigade Equal Opportunities Adviser

Someone on the other end of that line...




is watching you.




STAY ALIVE

0038 IEDs KILL



Human Relations / Equal Opportunity Office

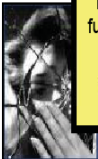
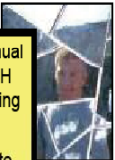


### Prevention of Sexual harassment (POSH) / Sexual Assault Prevention & Response (SAPR) Training Program

*Sexual harassment derails good order and discipline. Sexual assault is a crime. It destroys lives and undermines unit readiness.*


	POSH	SAPR
Feb. 16:	1030-1130 & 1130-1230	
Feb. 20:	1300-1400 & 1400-1500	
Feb. 23:	1300-1400 & 1400-1500	

Location: Al Faw Palace Ballroom  
**EO is everybody's business!**

SAPR training fulfills annual requirements and POSH fulfills quarterly EO training requirements.

You owe it to yourself to attend.



## TF 30<sup>th</sup> MED BDE


presents

### The African American/Black History Month Closing Luncheon

**"Reaching Out to Youth: A Strategy for Excellence"**

**Location: NFL Room, Sports Oasis DFAC**  
**Date & Time: Feb. 20, Noon - 1:30 pm**

**RSVP for all 06/CSM and above NLT Feb. 18**  
**Contact Capt. Buenaventura @ 242-0283**  
**lexia.buenaventura@iraq.centcom.mil**



**POC for more information is Sgt. 1st Class Rumph at 822-5115**

Victory Times welcomes columns, commentaries, articles and letters from our readers. Send submissions or comments to [brian.anderson@iraq.centcom.mil](mailto:brian.anderson@iraq.centcom.mil).

We reserve the right to edit for security, accuracy, propriety, policy, clarity and space.

## DRIVE SAFELY !!

This driver was wearing his seat belt, driving within the speed limit and he was in his proper lane.



The driver of this vehicle had his life tragically altered by a reckless driver.

**Don't be the OTHER driver!!**

MNC-I Commanding General: Lt. Gen. Peter W. Chiarelli  
MNC-I Public Affairs Officer: Lt. Col. Michelle L. Martin-Hing  
MNC-I PA Sergeant Major: Sgt. Maj. Paul J. Stevenson  
MNC-I Command Info Chief: Sgt. 1st Class Laurence R. Lang  
MNC-I DVIDS Manager: Sgt. 1st Class Gloria E. Colon  
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